



**CITY OF PORT ST. LUCIE**  
**Human Resources**



**A CITY FOR ALL AGES**

**CANCELLATION OF HARTFORD  
SUPPLEMENTAL LIFE INSURANCE**

- 1. I elect to cancel my current election for myself, & my spouse and children, if I elected coverage for them. (    )
- 2. I elect to cancel coverage for my spouse. (    )
- 3. I elect to cancel coverage for my children. (    )

I understand that by canceling this coverage, I lose eligibility for any applicable Guarantee Issue amounts that were afforded to me or my spouse by the plan, and for which my spouse and I will not be eligible at a future date, should I re-apply for coverage under this plan.

With the full understanding of the above, I hereby elect to cancel the Hartford Supplemental Life coverage as stated.

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\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Employee Signature